

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
TAXICAB AUTHORITY
1785 E. Sahara Avenue, Suite 200
Las Vegas Nevada 89104
Telephone (702) 668-4000 • Fax (702) 668-4001
<http://taxi.state.nv.us>

Request for Information - Incident
(Request will be processed within 7 business days)

Date of Request: _____ TA#: _____

Cab Company: _____

Requestors Name: _____

Requestors Address: _____

Requestors Telephone Number: _____

Reason Requested: _____

Event Number: _____ Time of Incident: _____

Incident Date _____ Cab Number involved: _____

Location of Incident: _____

-Taxicab Authority Office Use Only-

Date Request Received: _____

Person Receiving Request: _____ Verified by D.L./TA Permit* ☐

Request Approved / Disapproved

By: _____ Reason Disapproved: _____

Date Information Provided: _____ By: _____

Received by: _____ Date: _____

*=Copy of requestor's valid driver's license must accompany this request.